

Fee Only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/902,502 Confirmation No.: 5914
Applicant : KENNETH A. GOLDBERG
Title : METHOD AND APPARATUS FOR INSPECTING AN EUV MASK
BLANK
Filed : 07/09/2001
TC/A.U. : 2876
Examiner : EDWYN LABAZE
Docket No. : LBL-CIB-1572
Cust. No. : 8156

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22213-1450

AMENDMENT

Dear Sir:

Please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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07/09/2004 09:09:21

Page 1

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

91902502

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	minus 20 =	*	
INDEPENDENT CLAIMS	minus 3 =	*	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

4-22-04		(Column 1)	(Column 2)	(Column 3)
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 39	Minus	** 39	=
Independent	* 6	Minus	*** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE			OR TOTAL ADDT. FEE

6-29-04		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 27	Minus	** 39	=
Independent	* 9	Minus	*** 7	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input checked="" type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	172.00
+145=		OR +290=	290.00
TOTAL ADDT. FEE			OR TOTAL ADDT. FEE 462.00

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 27	Minus	**	=
Independent	* 9	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE			OR TOTAL ADDT. FEE

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.